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ABSTRACT

Home programs for young handicapped children have the potential for enhancing the partnership between home and school. In an effective home program the parent is viewed as the person most qualified to facilitate the child's development. This paper focuses on the philosophy of home programming and details some useful strategies which can be used by individuals working with families. Specifically discussed are (1) Program PREPARE, an early intervention program with home and classroom components serving developmentally delayed or "at risk" children from birth to 3 years of age; (2) a rationale for home programs; (3) factors involved in implementing an effective program; (4) techniques used in parent training; and (5) roles of the home visitors. Special emphasis is placed on sensitivity to parents' needs and elements to consider in designing a program which reflects those needs. (Author/RH)

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Home Visit Programs for Families:

An Overview for Professionals

Working with Young Handicapped Children

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ABSTRACT

Home Programs for young handicapped children have the potential for enhancing the partnership between home and school. In an effective home program the parent is viewed as the person most qualified to facilitate the child's development. This paper focuses on the philosophy of home programming and details some useful strategies which can be used by individuals working with families. Special emphasis is placed on sensitivity to parents' needs and designing a program which reflects those needs.

Introduction

The positive effects of home programs on mothers and their infants is now being documented in the research literature (Lambie, 1974; Bond, 1974; Weikart, 1974). The role of the home visitor is increasingly important in facilitating these positive effects. Understanding how the home visitor can help parents work effectively with their handicapped child is the focus of this article. The authors are Home Programming Specialists at Program PREPARE which serves young handicapped children.

Program PREPARE

Program PREPARE is an early intervention program which is part of the Indiana University Developmental Training Center (a University Affiliated Facility). Serving children from birth to three years of age who are developmentally delayed or "at risk" for delays, the program provides both a home and a classroom component.

Children from birth to 18 months are served through the home program component. Home programming specialists make weekly or bi-weekly visits to the home to assist parents in carrying out their child's program. In addition, the parent and child attend a monthly clinic at Program PREPARE where an interdisciplinary specialized staff work with the child and make suggestions to the parent and the home programming specialist.

Other children participate in the home program as well. Those families who live a great distance from the Developmental Training Center (DTC) may choose the home program option as well as families who are unable to send the child to the classroom because of employment or the child's medical condition. Some children participate in a home/classroom combination because of the need for intensive programming or additional parent training. In these cases, the home programming specialist works

closely with the classroom staff to ensure continuity between school and home.

Children aged 18 months or older are eligible for the classroom component which meets four days a week. An interdisciplinary staff plans and implements the classroom component with a focus on social, cognitive, motor, communication, and self-help development. Non-handicapped toddlers also are included in the classroom component.

The interdisciplinary staff of Program PREPARE includes special education teachers, a parent educator, a health services coordinator, an occupational therapist, a speech therapist, instructional associates, a secretary/receptionist, and home programming specialists. Individual educational plans are written for all children.

Rationale for Home Programs

Why have home programs for infants? What is the purpose of making home visits to families? There is not one answer to these questions but rather a variety of responses.

In looking at some of these responses, it is important to look at them with an understanding and recognition of a parents' basic concern and interest for their children. Parents care about their children.

With this framework in mind, let us turn to some specific reasons for having home programs. One of the foremost reasons supporting home programs is that parents are the first teachers of their child and their child's first classroom is the home (Gray, 1971). The home is a natural setting in which learning can occur. Both the child and the parents are most comfortable and the home visitor has direct access to the child's behavior as it occurs naturally. For example, as a child is eating breakfast, the parents and home visitor observe feeding skills; as a child is playing with

a toy, the parents and home visitor can assess fine motor abilities. During the day, naturally occuring events can be turned into productive learning times for the child.

Another important reason for having home programs is that they are an effective way to involve the entire family and to incorporate the culture, life style and value systems of that family. Home programs are frequently more flexible than classroom programs in involving both parents. Fathers often are left out in programming considerations and in continued involvement with their child. Grandparents as part of the extended family are also valuable persons who can be involved effectively in home programs. Since grandparents are often caregivers, home visitors can work effectively with them in the home setting just as they would with the parents. Involving all the child's caregivers helps insure consistent programming and encourages all the family members to participate. The home visit and teaching session also can be an appropriate, natural time for siblings to become involved and to express their concerns and feelings about their brother or sister who is handicapped. By involving parents, grandparents and siblings, full family participation becomes a realistic, obtainable goal.

The home program setting provides for more individualization of programming and the designing of instructional goals which are appropriate to the child and his/her environment. The focus is on one child rather than several as in the classroom. Further, the focus is on a few behaviors specific to one child and effective training procedures tailored to that one child's needs.

The promotion of home programs involves three major logistical considerations. First, when a large geographical area is involved, the

cost and responsibility of transporting very young children great distances is prohibitive. Second, even when geographical area may not be a major factor, the difference in age ranges, in functioning levels and handicapping conditions may preclude establishing classroom programs. And, third, classroom programs tend to have limited parent involvement because of geographical and/or psychological distances between home and school (Shearer, 1976).

Another reason for home programs is the increase in parent involvement which home programs can foster. It seems when parents are involved in their child's program, they become more assertive in working for their child. Parents become good advocates which in turn helps in providing quality services. Parents are considered the first and best teachers of their children. They know their child better than anyone else. One example is a mother who, in October, told the PREPARE staff that her son would walk by Christmas. The staff explained to the mother that she should not be disappointed if her son didn't walk by Christmas because he might not be ready. The week before Christmas however, her son began walking. She certainly seemed to know her son's timetable for developing this skill.

Despite parents knowing their children better, they are not necessarily equipped with all the skills needed to teach their child. Thus, home programs and visitors can help facilitate the skills parents already have. Parents can be given information or additional knowledge about child development as well as specific skills needed in working with their handicapped child.

Finally, home programs offer emotional assistance to families in a movement from feelings of helplessness to an "I am doing something" attitude.

As parents receive reinforcement and support, they feel more adequate and are able to focus on their child's accomplishments, not just the handicaps.

Preparation for Home Visits

After examining the rationale for a home program, it is appropriate to consider what factors are involved in actually implementing an effective program. One of the first considerations is the preparation necessary before making the first home visit. While it is certainly crucial to plan child related activities and gather materials before a visit, it is equally important to prepare from an attitudinal standpoint. This preparation may require an examination of personal attitudes and biases which affect a relationship with a family. The home visitor should particularly avoid any preconceived notion of what family or home will be like. It is easy to be influenced by personal biases, the statements of other staff members, or written material gathered about a child or family. As home visitors, however, the goal is to advocate for the family and ensure that written or verbal impressions about them remain highly professional (Cansler, Martin, Valand, 1976).

The home visitor also needs to be flexible, both in assessing the child's needs and in meeting the parents' needs. The program staff may have specific goals for a child but if they are not developed with the parents' input, it is unlikely that the parents will work enthusiastically at home. The parents' knowledge about their own child is a valuable resource in planning program goals for the child. Every attempt should be made to include the parent in the planning and implementation process.

With the number of working parents increasing, it may be necessary for the home visitor to schedule visits or to make phone calls in the

evening or on the parent's day off. If a babysitter or family member is responsible for the child's care during the day, it is important to encourage his/her participation in the child's program.

Levels of involvement and parenting styles may differ. One parent may prefer to watch quietly when the home visitor works with the child, while another sits on the floor and actively participates. The home visitor can assist parents in feeling competent with their child while not making judgements about parenting style. On a long term basis it is the parent who will carry out the child's program. It is unrealistic for the home visitor to expect that a weekly visit will create significant changes in the child's progress. It is the continued involvement and commitment of the parent that will ultimately enhance the child's development.

Programming implementation also requires planning ahead with the parents and keeping family needs in mind. Specifically, home visit times should be planned with the parent. The home visitor and the parents can agree on a visit schedule which will not interfere with the family routine. Some parents may choose a specific day for a weekly home visit while others prefer to be more flexible in time choices. No matter what schedule is decided upon, the home visitor should be punctual and avoid cancelling visits.

Whenever possible, toys and materials which are already in the home should be used in carrying out the child's program. Not only is this important for following through with the program during the week but it also assures the parents that they can teach their child with the resources that are already available. Many materials also can be made with household items. Preparing these materials together can be a reinforcing activity for the parent and home visitor. Metal measuring

spoons or a plastic carton filled with dried beans can easily function as a rattle. Silverware or other simple kitchen utensils can be used for sorting tasks. If it is necessary to use toys or materials from the school, they should be available on a loan basis for a period of time. Some parents may appreciate guidance in the selection and purchase of inexpensive, appropriate toys (Bond, Lamble, Welkart, 1974).

Finally, the home visitor needs to be sensitive to circumstances in the home at the time of the visit. If a child becomes ill or a family crisis arises, the home visitor must be willing to change the format of the visit or to reschedule for a more convenient time. Occasionally, the parent or child's energy level may appear to be low suggesting that the visit be kept brief. At all times, opportunities should be provided for the parents to plan with the home programming specialist, expressing concerns about their child and/or making suggestions for program implementation.

Parent Training Techniques

Focusing on possible techniques used in parent training is an important part of home programs. Parents are not automatically equipped with knowledge of good skills to teach their child, neither do parents necessarily think of specific approaches to use such as the behavioral approach. Good parenting does not necessarily require this knowledge. When there is a child who is handicapped, however, the knowledge of specific skills or techniques becomes more important. The following section outlines some of the basic techniques used to train parents in acquiring the necessary additional skills to teach their handicapped child.

Perhaps the technique used most often by home programmers is modeling. It consists of demonstrating the skill or behavior as the parent watches and then asking the parent to demonstrate their understanding of the skill. Modeling can involve the appropriate use of materials, or the use of cues or prompts to get a desired behavior. The parent is able to observe, hear and actually do what is needed to teach his/her child a specific skill. Modeling also involves the parent "modeling back" the skill or behavior. "Modeling back" gives the parent some practice, insures that the "modeling" behavior is done correctly, and answers any questions the parent may have at that time. Making sure the parent understands and that questions are answered is an important part of the modeling technique (Lillie, 1976).

The use of written instructions can be valuable in conjunction with modeling. Written instructions provide a reference for parents after the visit is over. They should be detailed enough but written in easily understood terms. A check-off list which accompanies the instructions is another valuable technique to use. This checklist gives the parent a handy daily reminder and gives the home visitor an idea of how often the parent is able to work on a specific skill.

Another valuable technique involves helping parents break tasks down into small steps. Parents may want to work on teaching their child to be independent at self-feeding. Helping a parent understand all that is involved in using a spoon, scooping food, removing food from the spoon and putting the spoon down helps make the task seem less monumental and helps everyone understand all that goes into a task which seems so simple.

The use of positive reinforcement and/or some familiarity with behavior modification techniques is valuable for both home visitor and parents. Many parents believe that punishment is the most effective way

to change behavior (Gray, 1971). Demonstrating a much more productive method is a responsibility home visitors can easily assume. A parent who says "no no" and spanks the child's hands repeatedly can be shown how to redirect the child's attention to an approved activity.

The use of reinforcers can be an effective technique with parents. Taking a parent to lunch or out for coffee or just allowing time to talk about their needs can often be as important as working directly with the child (Bates, 1977). Helping the family make out a daily schedule is another effective technique for both parents and visitors. Often parents may say they can't find enough time to work on the tasks with their child. Going through the day with the parents, from the time the family gets up until they go to bed, can yield interesting results. In the first place, if there is little or no time available then the visitor will be more sensitive to the family and to the planning of tasks. Secondly, the daily schedule can help both parent and visitor find some naturally occurring times during the day to work on specific tasks and skills. For example, the child's bathtime provides a natural setting for teaching body parts.

Parents talking with parents is another valuable technique. Exchanging information with other parents in an informal setting helps establish supportive networks for parents with handicapped children. The home visitor can help arrange meetings between parents even though she/he may not participate directly (Cansler, Martin, Valand, 1976).

Roles of the Home Visitor

Parents are called upon to play a variety of roles. They are responsible for the physical and emotional well-being of their child and make decisions regarding that child in many other areas. The parent also

may have other responsibilities such as spouse, housekeeper, employee, or parent to other children in the family. While the home visitor views the parent as the primary teacher for the child, it is helpful to remember that these other responsibilities will affect the amount of time which the parent can spend with that child.

The home visitor also has a variety of roles which will differ with each family. It is important to be aware of these roles and to periodically analyze their effectiveness. Particularly with very young children, the home visitor may be the first professional to enter the home. The child in most cases has been diagnosed recently as having a handicapping condition or the parents have noticed a delay which they are concerned about. The home visitor then, will need to help the parents feel comfortable with professionals and assist them in contacts with individuals in the educational, medical and social service fields.

As the first professional, the home visitor also functions as a support person for the parents. This role can mean listening to their concerns for their child and offering suggestions when appropriate. The family's friends and relatives may not yet feel comfortable talking with the parents about their child and may be unable to offer needed support. The home visitor can be objective yet compassionate and may be the person best able to answer the parent's questions.

The home visitor will often be called upon to act as a resource and information person. This role may include explaining the child's diagnosis and its implications to the parents, particularly if they have received reports which use detailed medical terminology. Parents also may request specific information which pertains to their child's handicapping This request will require the home visitor to be familiar with written

materials and community resources that are available.

Often a family will need to attend to an immediate family problem before they are able to participate fully in the child's program. Financial difficulties, health concerns, or family tensions all can be issues which affect the parent's ability to participate. Some families prefer to use their own resources or to be guided to the appropriate agency; such as a Mental Health Association, Crippled Children's Office or Public Health Nursing. For other families, it will be necessary to accompany the family to agencies and facilitate their interactions with agency staff. In crisis stiuations, the home visitor must be very careful not to interfere with the family's right to make their own decisions (Bond, Lambie, Weikart, 1974).

Perhaps the most important role assumed by the home visitor is that of advocate for the child and family. With other school staff, the home visitor acts as a liason, keeping staff informed of the child's progress and assisting the parent in achieving the best program for their child. In a broader sense, the home visitor acts as an advocate within the community. In particular, this means explaining the parent's legal rights in the educational system and encouraging them to advocate for their child within that system.

In closing, a home based intervention program for families of young handicapped children can be an effective mechanism for child and family well being. Helping the parents work actively on their child's behalf at an early age can have positive effects on that child's future within the educational system and within the community.

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